

# *Havenwood Congregate Apartments*

240 Richmond Ave. • Batavia, NY 14020  
PH 585-344-1260 • Fax: 585-344-1892 • TTY 1-800-662-1220  
mfrounick@gvrpc.com

**Havenwood Congregate Apartments is an apartment complex designed for persons aged 62 and older or persons with a disability aged 18 years and older.** The apartments were constructed with financing and subsidies provided by USDA Rural Development and NYS HCR.

**Free language services are available to those with Limited English Proficiency.**

## **Income Limits**

Annual income (gross income including interest income from assets) must be below the following amount to qualify for Havenwood Congregate Apartments:

- One person household: \$24,650 per year
- Two person household: \$28,200 per year

## **Citizenship**

To be eligible, applicants must be U.S citizens, U.S. noncitizen nationals, or qualified aliens. Aliens must provide proof of eligible immigration status.

## **Rent**

Your share of the cost of rent is based on your income. It is calculated on a case-by-case basis based on 30% of your adjusted gross income.

## **Maximum Rents (Basic Rents)**

- One Bedroom Apartments at \$699 - security deposit of the same amount

## **Application Process**

Please complete the application form completely and return it to the above address.

**Fill in all items. Do not leave any questions blank.** There is no application fee. Landlord references, credit checks and criminal checks will be completed. After your application has been processed, you will be notified by mail. If your application meets the eligibility requirements for this property, it will be placed on the waiting list. When a vacancy is expected, you will be contacted with information on further steps.

## **Please contact**

(585) 344-1260 Martha Frounick, Site Manager

<b><u>Office Hours:</u></b>	Monday	9:00 PM - 1:00 PM
	Tuesday	1:00 PM - 5:00 PM
	Wednesday	9:00 AM- 5:00 PM
	Thursday	1:00 PM - 5:00 PM
	Friday	9:00 PM - 1:00 PM



# *Havenwood Congregate Apartments*

## **Smoke-Free**

Havenwood Congregate Apartments is a Smoke-Free apartment complex. No smoking is allowed in any area of the building; ***including inside apartments.***

## **Congregate Services**

On-site activities and service coordination – see page 10 for more information.

## **Property Features**

32 Total Apartment Units: 1 bedroom - 32 @ 660 square feet

### **Utilities**

Heat: Gas hot water heating. Paid by landlord.

Electric: Individually metered for each apartment. Paid by resident.

Water, Sewer, Trash: Paid by landlord.

**Hair Salon:** Local professional hair stylist

**Central Dining room:** For congregate meals

**Parking:** Free off-street parking.

**Community Room:** Social room with kitchen for use by residents and their guests.

**On-Site Laundry:** Washers and dryers are coin-operated.

**Apartment Unit Features:** All apartments contain a living room, a full kitchen, pantry, bathroom, two closets and one bedroom. Electric range, refrigerator, and built-in air conditioner provided. Storage space is available to residents.

## **Safety**

**Fire Alarm System** and sprinkler system safeguard the entire building.

**Entrance:** The main entry door is locked at all times. Visitors call residents by way of an intercom system located in the entry. Residents can then open the main door from their apartment.

**Neighbor Call System:** Emergency pull cords are located in the bedrooms and bathrooms of all apartments which sound a bell in the halls and lights a dome light outside the apartment door.

**Detectors:** Each apartment has a Smoke Detector, Heat Detector and Carbon Monoxide Detector.

## **Accessibility**

All interior and exterior areas of the building are accessible by wheelchair. A handicapped-accessible elevator serves both floors.

**Handicapped Apartments:** Four apartments are handicapped-accessible with roll-in showers. Most other units have modified accessibility features with step-in showers and grab bars.

If you need a reasonable accommodation for a disability, please let us know.



# Havenwood Congregate Apartments

Please return to: **240 Richmond Ave.  
Batavia, NY 14020**  
**Phone (585) 344-1260**  
**Fax (585) 344-1892**  
**TTY 1-800-662-1220**

## RENTAL APPLICATION

If you need assistance completing this form, please contact the Site Manager. Any individual with a disability who needs accommodation with respect to this correspondence should inform the Site Manager.

**Free language services are available to those with Limited English Proficiency.**

### OFFICE USE ONLY:

Date Received \_\_\_\_\_  
Time Received \_\_\_\_\_  
Initials \_\_\_\_\_  
Disposition \_\_\_\_\_

**Fill in all items. Do not leave any items blank. If it does not apply, enter "NA". Please Print.**

It will be your responsibility to provide management with all the necessary information to properly process your application and verify your eligibility. This includes names, addresses, phone and fax numbers, where applicable and any other information required. If questions are not answered, the application may be deemed to be incomplete and could be returned to you. Please answer truthfully. We will verify your information.

### APPLICANT INFORMATION:

CURRENT Address: If using a P.O. Box number, please include your street address		Phone Numbers:
<div>First Name _____ Middle Initial _____ Last Name _____</div> <div>Street _____</div> <div>City _____ State _____ Zip _____</div>		Home: _____
		Cell: _____
		Work: _____
		Message: _____
How long have you lived there?: from _____ to _____		<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____

### CO-APPLICANT INFORMATION:

CURRENT Address: If using a PO Box number, please include your street address		Phone Numbers:
<div>First Name _____ Middle Initial _____ Last Name _____</div> <div>Street _____</div> <div>City _____ State _____ Zip _____</div>		Home: _____
		Cell: _____
		Work: _____
		Message: _____
How long have you lived there?: from _____ to _____		<input type="checkbox"/> Rent or <input type="checkbox"/> Own your home Monthly rent or mortgage payment: \$ _____

Name of person to notify in case of emergency: _____	Phone#: _____
--	---------------

**HOUSEHOLD MEMBERS**List **ALL** persons who will be living in the apartment.

You must use the correct legal name for each household member as it appears on the social security card.

Name	Social Security #	Birthdate	Age
(Applicant)			
(Co-Applicant)			

**INCOME** List **ALL** sources of income (gross income before deductions):

Source of Income per month:	Applicant	Co-Applicant
Employment /month (include tips and bonuses)	\$	\$
Public Assistance (DSS/TANF) <i>do not include food stamps</i>	\$	\$
Unemployment	\$	\$
Social Security <i>before Medicare deduction</i>	\$	\$
Supplemental Security Income (SSI)	\$	\$
NY State Supplement Program (SSP)	\$	\$
Disability	\$	\$
Worker's Compensation	\$	\$
Alimony or Child Support	\$	\$
Insurance Policies	\$	\$
IRA, Pensions or Annuity income	\$	\$
Veterans Administration Pension	\$	\$
Self-Employment or Business income	\$	\$
Income from Rent or Sale of Property	\$	\$
Regular contributions from outside the household	\$	\$
All Other Income	\$	\$
<b>TOTAL HOUSEHOLD INCOME before deductions</b>	\$	\$

Applicant Name	Current Applicant Employer	Employer Address
Position Held	How Long Employed:	

Co-Applicant Name	Current Co-Applicant Employer	Employer Address
Position Held	How Long Employed:	

## **ASSETS** List **ALL** assets:

**CURRENT ASSETS** (list all assets currently held by all household members and the cash value). Cash value is the market value less any reasonable costs that would be incurred in converting the assets to cash (i.e. broker and legal fees).

Current Assets	Cash Value	Bank(s), Credit Union(s) or Company
Checking Accounts	\$	
Savings Accounts	\$	
Annuity, Mutual Funds	\$	
Certificates of Deposit (CD's)	\$	
IRA, Keogh, 401K accounts	\$	
Money Market Funds	\$	
Mutual Funds	\$	
Stocks, Bonds	\$	
Trusts	\$	
Business	\$	
House (minus mortgage owed)	\$	
Personal Property held as an investment	\$	
Life Insurance (Whole or Universal only)	\$	
Real Property (rental property or other capital investment)	\$	
Savings Bonds or Treasury Bills	\$	
Cash	\$	
Investment value of items in safety deposit box	\$	
Any Other Asset	\$	
<b>Total Assets:</b>		

Do you have a BURIAL ACCOUNT? ☐ Yes ☐ No Through which funeral home? \_\_\_\_\_

### **ASSETS DISPOSED**

Have you given away, sold or transferred ownership of any assets for less than fair market value (for less than the cash value) in the last two years? ☐ Yes ☐ No

Assets Disposed	Cash Value	Date Disposed
	\$	
	\$	
	\$	

When do you want to move?

Why do you want to move?

## ADDITIONAL INFORMATION

How did you hear about this housing? <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Pennysaver or Shopper  <input type="checkbox"/> Word of Mouth  <input type="checkbox"/> Drive-by  <input type="checkbox"/> Friend or family member         </div> <div style="width: 45%;"> <input type="checkbox"/> Internet  <input type="checkbox"/> A Resident of the Apartment Complex  <input type="checkbox"/> Agency (Name) _____  <input type="checkbox"/> Other _____         </div> </div>		
	Circle Yes or No	
Do you understand that Havenwood Congregate Apartments is a <b>SMOKE-FREE</b> apartment building and you are willing to adhere to this policy which is an Addendum to the Lease that there is no smoking in or around the complex <b>including inside the apartments</b> , except for designated outdoor areas?	Yes	No
Are you currently living in subsidized housing?	Yes	No
Are you a Military Veteran?	Yes	No
Are you a spouse of a Military Veteran?	Yes	No
Will this apartment be your only residence?	Yes	No
Do you expect a change in household size? If yes, when? Explain:	Yes	No
Do you have a pet? If yes, what kind? This property allows a cat or a dog which weigh under 30 pounds. A Pet Deposit is required.	Yes	No
Do you or anyone in your household qualify for the USDA-RD \$400 deduction for disability status? Answer "yes" if you are 62 or older or disabled 18 years or older.	Yes	No
Will a member of your household require a fully accessible handicapped apartment with a roll-in shower?	Yes	No
Will <b>ALL</b> the household members be or have been full-time students during five months of this calendar year or upcoming year at an educational institution?	Yes	No
Are there any foster children or foster adults who are part of the household?	Yes	No
Has anyone in your household ever been evicted from any housing? <i>From where and when?</i>	Yes	No
Is any household member currently an abuser of or addicted to alcohol or any illegal substance?	Yes	No
Has any member of your household ever been convicted of manufacturing or distributing a controlled substance?	Yes	No
Has anyone in your household been charged or convicted of a crime? List offense and year:	Yes	No
Has anyone in your household been registered as a sex offender program in any state? <i>If yes, where?</i>	Yes	No

## Landlord Reference Release Form

**APPLICANT:** LANDLORD references must be provided to be considered for an application.  
List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

<b>Current Address of Applicant:</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div>

<b>Current Landlord: (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div>	

<b>Previous Address: Required.</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div>
<div style="display: flex; justify-content: space-between;"><div style="width: 45%;">Length of Residency: from _____ to _____</div><div style="width: 50%;">Monthly Rent Amount: \$ _____</div></div>

<b>Previous Landlord: Required. (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> <div style="display: flex; justify-content: space-between;"><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div><div style="border-bottom: 1px solid black; width: 30%;"></div></div> <div style="display: flex; justify-content: space-between;"><div>City</div><div>State</div><div>Zip</div></div>	

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

## Landlord Reference Release Form

**CO-APPLICANT:** If the Co-Applicant has been residing at a different address than the applicant, Landlord references must be provided to be considered for an application.

List **name** and **address** of your current landlord and **PREVIOUS** landlord. **(DO NOT LIST RELATIVES)**

<b>Current Address of Co-Applicant:</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Zip

<b>Current Landlord: (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Landlord Name	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Zip	

<b>Previous Address: Required.</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Zip
Length of Residency: from _____ to _____
Monthly Rent Amount: \$ _____

<b>Previous Landlord: Required. (Do not list relatives)</b>	<b>Phone Numbers: (required)</b>
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Landlord Name	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Street	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> City	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> State	
<div style="border-bottom: 1px solid black; height: 20px; margin-bottom: 5px;"></div> Zip	

Consent: I/we consent to allow the management to request and obtain information from my landlords for the purpose of verifying my eligibility for housing. I hereby authorize & instruct any entity or person contacted by the Management to release such information to them.

**Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Co-Applicant Signature** \_\_\_\_\_ **Date** \_\_\_\_\_



# CERTIFICATION

I/We certify that all information in this application is true to the best of my/our knowledge and that I/we understand that false statements or information are punishable by law and will lead to cancellation of this application or termination of tenancy after occupancy.

I/We understand that we must pay a security deposit for this apartment (and pet deposit, if applicable) and sign a one year lease prior to occupancy.

I/We hereby give permission to management to review and evaluate my application, to verify my income with any employer and any other sources of information given for the purposes of proving eligibility for occupancy and certification of housing assistance. I/We hereby authorize the management to obtain information about me and my household members, including, but not limited to, this application, my credit, my tenant history, my credit history, any court records and/or my criminal record. I/We release all parties from all liability for any damage that may result from their furnishing information.

I/We understand that my occupancy is contingent on meeting management's resident selection criteria and government requirements. If accepted I/We certify that this apartment will be our sole residence.

Signature upon this application is not binding by either party to a rental agreement, nor does it guarantee an apartment.

All household members 18 year of age or older must sign.

Applicant Signature

Date \_\_\_\_\_

Co-Applicant Signature

Date \_\_\_\_\_

Name, address and phone number of person assisting with this application:

Phone \_\_\_\_\_

Signature of person assisting with application

Date \_\_\_\_\_

***Please complete the* INFORMATION FOR GOVERNMENT MONITORING PURPOSES *on the next page.***

## INFORMATION FOR GOVERNMENT MONITORING PURPOSES:

The following information is requested by the Federal Government in order to monitoring compliance with fair housing laws. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your application or to discriminate against you in any way.

Applicant	Co-Applicant
<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<u>Ethnicity</u> <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander	<u>Race</u> (Mark one or more) <input type="checkbox"/> White <input type="checkbox"/> Black or African American <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander
<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female	<u>Gender</u> <input type="checkbox"/> Male <input type="checkbox"/> Female
<input type="checkbox"/> I do not wish to furnish this information	<input type="checkbox"/> I do not wish to furnish this information

In accordance with Federal civil rights law and U.S. Department of Agriculture (USDA) civil rights regulations and policies, the USDA, its Agencies, offices, and employees, and institutions participating in or administering USDA programs are prohibited from discriminating based on race, color, national origin, religion, sex, gender identity (including gender expression), sexual orientation, disability, age, marital status, family/parental status, income derived from a public assistance program, political beliefs, or reprisal or retaliation for prior civil rights activity, in any program or activity conducted or funded by USDA (not all bases apply to all programs). Remedies and complaint filing deadlines vary by program or incident.

Persons with disabilities who require alternative means of communication for program information (e.g., Braille, large print, audiotope, American Sign Language, etc.) should contact the responsible Agency or USDA's TARGET Center at (202) 720-2600 (voice and TTY) or contact USDA through the Federal Relay Service at (800) 877-8339. Additionally, program information may be made available in languages other than English.

To file a program discrimination complaint, complete the USDA Program Discrimination Complaint Form, AD-3027, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html) and at any USDA office or write a letter addressed to USDA and provide in the letter all of the information requested in the form. To request a copy of the complaint form, call (866) 632-9992. Submit your completed form or letter to USDA by:

(1) mail: U.S. Department of Agriculture

Office of the Assistant Secretary for Civil Rights

1400 Independence Avenue, SW

Washington, D.C. 20250-9410;

(2) fax: (202) 690-7442;

or (3) email: [program.intake@usda.gov](mailto:program.intake@usda.gov).

USDA is an equal opportunity provider, employer, and lender.

## **SENIOR CITIZEN LEASE TERMINATIONS**

### **NYS Real Property Law 227-a:**

Tenants and their spouses who are sixty-two years or older, or who will attain such age during the term of their lease are entitled to terminate their lease if they relocate to an adult care facility, a residential health care facility, a less expensive subsidized low-income housing or other senior/disabled/handicap housing.

When such tenants give notice of their opportunity to move into one of the above facilities, the landlord must release the tenant from liability to pay rent for the balance of the lease and adjust any payments made in advance.

A senior person(s) who wishes to avail themselves of this option must do so by written notice to the landlord. The termination date must be effective no earlier than thirty days after the date on which the next rental payment (after the notice is delivered) is due. The notice is deemed delivered five days after mailing. The written notice must include documentation of admission or pending admission to one of the above mentioned facilities. For example, if a senior person notifies the landlord on April 5<sup>th</sup> of his or her intention to terminate the lease; the notice is deemed delivered on April 10<sup>th</sup>. Since the next rental payment (After April 10<sup>th</sup>) is due May 1<sup>st</sup>, the earliest lease termination date will be effective June 1<sup>st</sup>.

Anyone who interferes with the tenant's or his or her spouse's removal of personal effects, clothing, furniture or other personal property from the premises will be guilty of a misdemeanor.

As a courtesy to our residents, the management will extend the intent of the above referenced law to include people who are disabled and need to move to an adult care facility or nursing home.

## Havenwood Congregate Apartments

240 Richmond Avenue  
Batavia, New York 14020

## Cherish Meier, Services Coordinator

Phone: 585-344-1330

Hours: Monday	10:00AM – 4:00PM
Tuesday	9:00AM – 5:00PM
Wednesday	Varies
Thursday	9:00AM – 4:00PM
Friday	9:00AM – 3:00PM

## An Overview of Congregate Housing

Congregate Housing is defined as housing that will create an environment that will assist individuals who need/request services to maintain their independence longer by making available nutritious meals and other services that can enhance their independence. Congregate housing will also help people who need some services to extend an independent lifestyle.

### Selection and Priority Placement

Residents selected for tenancy at Havenwood are given Priority Placement for an apartment based on need and willingness to receive and pay for basic service needs in a congregate setting in the areas of housekeeping; personal care; transportation; social and recreational activities; and hot, nutritious meals.

### Services Coordination in a Congregate Setting

The Services Coordinator at Havenwood assists the resident and family members in obtaining the services that are needed to continue living as independently as possible. The Services Coordinator plans and implements activities on a regular basis, such as games, monthly birthday parties, musical entertainment, exercise and wellness programs.

### Rent and Services Fees

- The monthly rent for an apartment at Havenwood Congregate Apartments varies by the resident's personal income and medical expenses, as explained by Property Management staff. The Havenwood services fee is a monthly, flat rate fee that is paid whether or not a resident utilizes services/activities or is in occupancy in any given month.

The Congregate Services fee and Nutrition Site contributions are separate fees from the rent, due and payable monthly.

### Things you should know about Congregate Housing at Havenwood:

- An initial Comprehensive Assessment is conducted by the Services Coordinator and is periodically updated for the resident's benefit.
- Havenwood Congregate Apartments provides independent, private living apartments, including a full kitchen so Residents can continue to prepare meals and snacks in their apartment. Residents will also have a customized package of services and activities for maximum independence.
- Meals are offered in the Congregate Dining Room Monday through Friday as a Nutrition Site operated by the Genesee County Senior Nutrition Program.
- Some features at Havenwood include:
  - Social and Recreational Activities, Hair Salon, Library with large print books being supplied through the Sage Program at Richmond Memorial Library, Services Coordinator which assists you in obtaining/hiring the assistance you need to remain living an independent lifestyle.

It is not only the services outlined above that make Havenwood Congregate Housing appealing. While ensuring privacy and independence, Havenwood Congregate Apartments provides a source of companionship and group involvement. There is an increased sense of security knowing that assistance is available should you need it, however, we are **not** assisted living nor are we staffed 24 hours a day, 7 days a week.



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Batavia, NY 14020  
585-344-1330  
TDD 1-800-662-1220

## HAVENWOOD CONGREGATE APARTMENTS

### CONGREGATE SERVICES AGREEMENT

Congregate housing is intended to help people who need some regular and periodic services to enhance or extend an independent lifestyle. Congregate Housing is **not** assisted living. Havenwood Congregate Apartments has a Services Coordinator on site that is responsible for assisting Residents in obtaining supportive services including meals, housekeeping, personal care, transportation, and social/recreational programming to prevent premature or unnecessary placement outside the home.

Residents selected for tenancy at Havenwood are given priority for occupancy based on need and willingness to receive and pay for basic services under the Congregate Services Program.

Coordination and monitoring of a network of in-home services is available at a moderate monthly fee separate and apart from any rent described in the terms of the Lease Agreement. Services are arranged by the Congregate Services Coordinator and delivered by community service providers.

Service and Program Coordination	\$120.00/month – one person household
Including Social and Recreational Programming	\$150.00/month – two person household
Nutrition Site Lunch Plan suggested contribution	\$3.00/meal

#### ***Acknowledgement:***

I understand the Congregate Services Program purposes and guidelines and understand that priority selection for an apartment at Havenwood is based upon my need for services and my agreement to pay the Congregate Services Fee.

I understand that it is my responsibility to pay the individual(s) providing personal care, housekeeping, transportation, laundry service and any other service I choose that is provided to me at Havenwood.

I understand the Havenwood Services Coordinator will assist me in securing these services. I understand the Havenwood Services Coordinator will conduct initial and periodic assessments to help determine my services needs and develop my Individual Tenant Services Plan.

\_\_\_\_\_  
Signature, Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature, Co-Applicant

\_\_\_\_\_  
Date